

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096803

1. Entity Name

ALL FOR THE CHILDREN, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90294 026 ***150.00

843504



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8214 BELCHER ROAD
PINELLAS PARK FL 34665

Mailing Address
8214 BELCHER ROAD
PINELLAS PARK FL 33781-1006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3415056

Applied For
Not Applicable

Zip 33781

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMOUREUX, JOE
8214 BELCHER ROAD
PINELLAS PARK FL 34665

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joe Lamoureux*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAMOUREUX, JOSEPH
STREET ADDRESS 9630 131ST STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LAMOUREUX, MARY L
STREET ADDRESS 9630 131ST STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe Lamoureux*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 727 544-1810
Date Daytime Phone #